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**APPLICANTS**

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*SOB* *NO/15*  
\*\* CONTINUING DATA \*\*\*\*\*

*SOB* *NO/15*  
\*\* FOREIGN APPLICATIONS \*\*\*\*\*

**IF REQUIRED, FOREIGN FILING LICENSE**

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after conditions met Allowance Verified and <i>SOB</i> Acknowledged Examiner's Signature Initials	<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**

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**TITLE**

Swivel mount for a spray head

<b>FILING FEE RECEIVED</b> 842	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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